


22222		a Employee's social security number 598-08-1895		OMB No. 1545-0008	
b Employer identification number (EIN) 68-0535594			1 Wages, tips, other compensation 28583.01		2 Federal income tax withheld 4619.80
c Employer's name, address, and ZIP code PVK CORPORATION 44081 PIPELINE PLAZA SUITE 105-5 ASHBURN VA 20147			3 Social security wages 28583.01		4 Social security tax withheld 1772.15
			5 Medicare wages and tips 28583.01		6 Medicare tax withheld 414.45
			7 Social security tips		8 Allocated tips
d Control number			9		10 Dependent care benefits
e Employee's first name and initial CHANDRA SHEKAR		Last name NAGARAM	Suff.	11 Nonqualified plans	
3154 SOUTH FIELD DR  HERNDON VA 20171			13 Statutory employee <input type="checkbox"/>	Retirement plan <input type="checkbox"/>	Third-party sick pay <input type="checkbox"/>
			14 Other		12a
					12b
f Employee's address and ZIP code					12c
					12d
15 State Employer's state ID number VA 30680535594F001		16 State wages, tips, etc. 28583.01	17 State income tax 1471.43	18 Local wages, tips, etc.	19 Local income tax
20 Locality name					

Form **W-2** Wage and Tax Statement  
Copy 1—For State, City, or Local Tax Department

2021

Department of the Treasury—Internal Revenue Service

a Employee's social security number 598-08-1895		OMB No. 1545-0008		Safe, accurate, FAST! Use  Visit the IRS website at <a href="http://www.irs.gov/efile">www.irs.gov/efile</a>	
b Employer identification number (EIN) 68-0535594			1 Wages, tips, other compensation 28583.01		2 Federal income tax withheld 4619.80
c Employer's name, address, and ZIP code PVK CORPORATION 44081 PIPELINE PLAZA SUITE 105-5 ASHBURN VA 20147			3 Social security wages 28583.01		4 Social security tax withheld 1772.15
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e Employee's first name and initial CHANDRA SHEKAR		Last name NAGARAM	Suff.	11 Nonqualified plans	
3154 SOUTH FIELD DR  HERNDON VA 20171			13 Statutory employee <input type="checkbox"/>	Retirement plan <input type="checkbox"/>	Third-party sick pay <input type="checkbox"/>
			14 Other		12a See instructions for box 12
					12b
f Employee's address and ZIP code					12c
					12d
15 State Employer's state ID number VA 30680535594F001		16 State wages, tips, etc. 28583.01	17 State income tax 1471.43	18 Local wages, tips, etc.	19 Local income tax
20 Locality name					

Form **W-2** Wage and Tax Statement  
Copy B—To Be Filed With Employee's FEDERAL Tax Return.  
This information is being furnished to the Internal Revenue Service.

2021

Department of the Treasury—Internal Revenue Service

		<b>a</b> Employee's social security number 598-08-1895	OMB No. 1545-0008 This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.			
<b>b</b> Employer identification number (EIN) 68-0535594		<b>1</b> Wages, tips, other compensation 28583.01		<b>2</b> Federal income tax withheld 4619.80		
<b>c</b> Employer's name, address, and ZIP code PVK CORPORATION 44081 PIPELINE PLAZA SUITE 105-5 ASHBURN VA 20147		<b>3</b> Social security wages 28583.01		<b>4</b> Social security tax withheld 1772.15		
		<b>5</b> Medicare wages and tips 28583.01		<b>6</b> Medicare tax withheld 414.45		
		<b>7</b> Social security tips		<b>8</b> Allocated tips		
<b>d</b> Control number		<b>9</b>		<b>10</b> Dependent care benefits		
<b>e</b> Employee's first name and initial CHANDRA SHEKAR 3154 SOUTH FIELD DR HERNDON VA 20171		<b>f</b> Employee's address and ZIP code		<b>11</b> Nonqualified plans		<b>12a</b> See instructions for box 12
				<b>13</b> Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>		<b>12b</b>
				<b>14</b> Other		<b>12c</b>
				<b>12d</b>		
<b>15</b> State VA	Employer's state ID number 30680535594F001	<b>16</b> State wages, tips, etc. 28583.01	<b>17</b> State income tax 1471.43	<b>18</b> Local wages, tips, etc.	<b>19</b> Local income tax	<b>20</b> Locality name

Form **W-2** Wage and Tax Statement  
**Copy C—For EMPLOYEE'S RECORDS**  
(See Notice to Employee on the back of Copy B.)

**2021**

Department of the Treasury—Internal Revenue Service

Safe, accurate, FAST! Use 

		<b>a</b> Employee's social security number 598-08-1895	OMB No. 1545-0008			
<b>b</b> Employer identification number (EIN) 68-0535594		<b>1</b> Wages, tips, other compensation 28583.01		<b>2</b> Federal income tax withheld 4619.80		
<b>c</b> Employer's name, address, and ZIP code PVK CORPORATION 44081 PIPELINE PLAZA SUITE 105-5 ASHBURN VA 20147		<b>3</b> Social security wages 28583.01		<b>4</b> Social security tax withheld 1772.15		
		<b>5</b> Medicare wages and tips 28583.01		<b>6</b> Medicare tax withheld 414.45		
		<b>7</b> Social security tips		<b>8</b> Allocated tips		
<b>d</b> Control number		<b>9</b>		<b>10</b> Dependent care benefits		
<b>e</b> Employee's first name and initial CHANDRA SHEKAR 3154 SOUTH FIELD DR HERNDON VA 20171		<b>f</b> Employee's address and ZIP code		<b>11</b> Nonqualified plans		<b>12a</b>
				<b>13</b> Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>		<b>12b</b>
				<b>14</b> Other		<b>12c</b>
				<b>12d</b>		
<b>15</b> State VA	Employer's state ID number 30680535594F001	<b>16</b> State wages, tips, etc. 28583.01	<b>17</b> State income tax 1471.43	<b>18</b> Local wages, tips, etc.	<b>19</b> Local income tax	<b>20</b> Locality name

Form **W-2** Wage and Tax Statement  
**Copy 2—To Be Filed With Employee's State, City, or Local  
Income Tax Return**

**2021**

Department of the Treasury—Internal Revenue Service